



Risk and Resilience in Military Children and Families

Workshop on the Scientific Study of Military Children
November 2011

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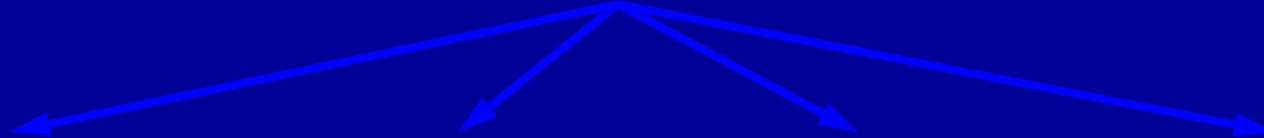
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Military Family Challenges



Deployment

- *transient stress
- *modify family roles/function
- *temporary accommodation
- *reunion adjustment
- *military commun maintained
- *probable sense of growth and accomplishmt

Multiple Deployments ?

Injury

- *trans or perm stress
- *modify family roles/function
- *temp or perm accommodation
- *injury adjustment
- *military commun jeopardized
- *change must be integrated before growth

Psych Illness

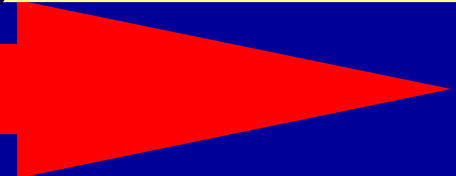
- *trans or perm stress
- *modify family roles/function
- *temp or perm accommodation
- *illness adjustment
- *military commun jeopardized
- *change must be integrated before growth

Death

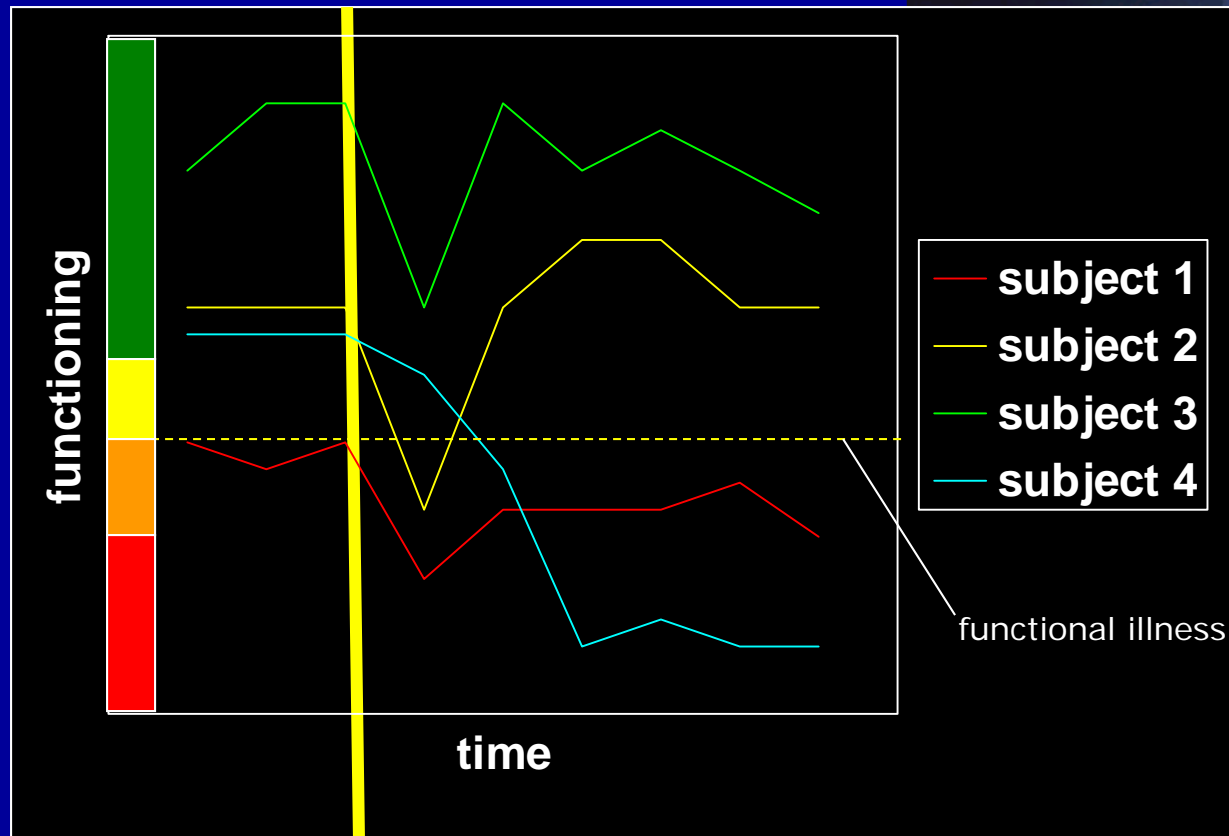
- *perm stress
- *modify family roles/function
- *permanent accommodation
- *grief adjustment
- *military commun jeop or lost
- *death must be grieved before growth

Complicated Deployment

STRESS LEVEL



Dimensions of Trauma/Stress Response



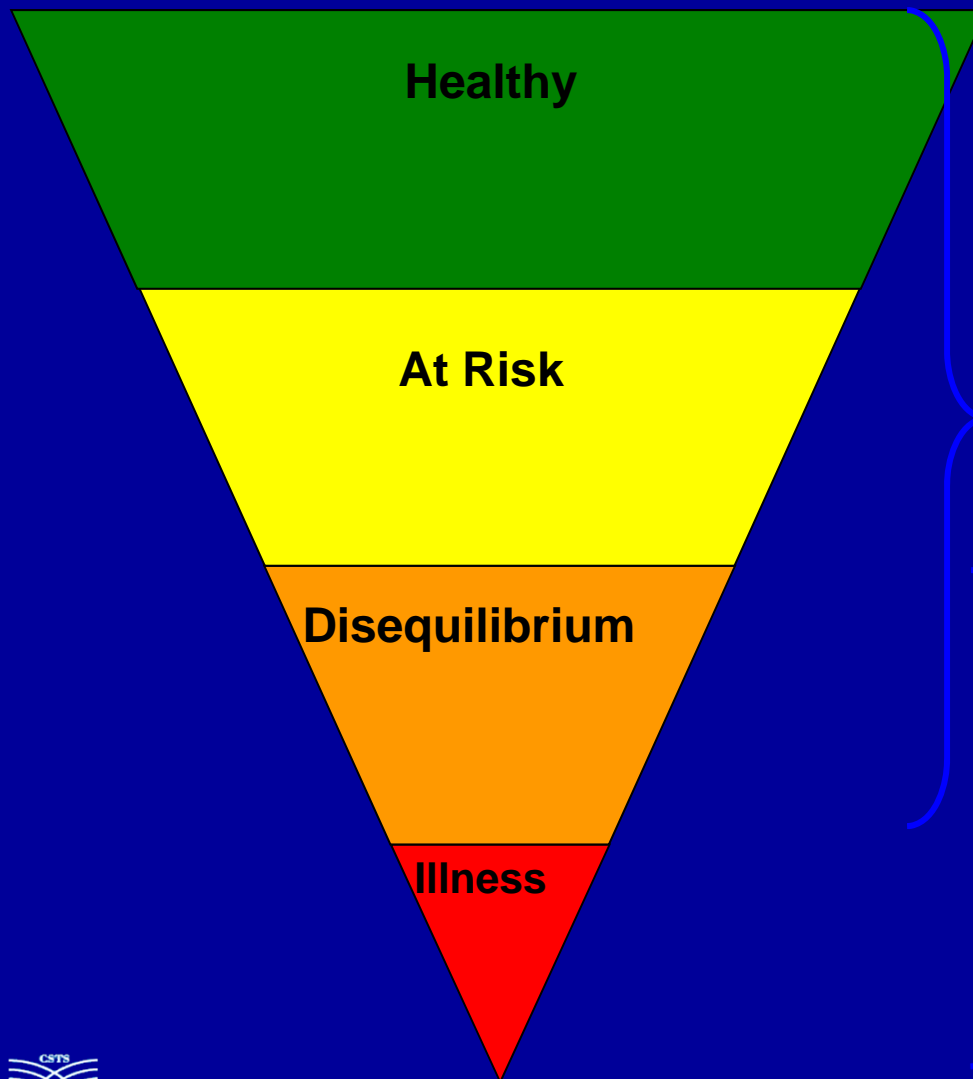
Time of trauma





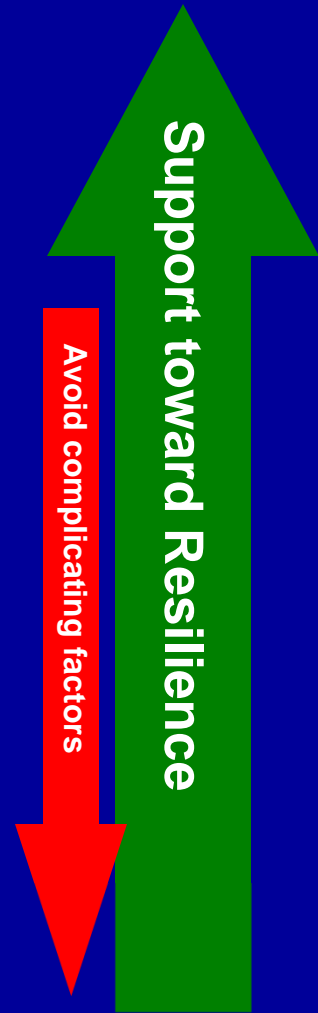
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Engaging a Community at Risk



Preventive efforts
Community Based Actions
Support services
Parent guidance
Self-help services

Clinical Intervention
Clinical Treatment
Psychoeducation
Skill Building
Communication



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Children of Deployed Parents

- Chartrand, et al. 2008
 - 3 to 5 yo children show elevated behavioral symptoms
- Flake, et al. 2009
 - “high risk” stress in children and parents
 - parent stress predicted child morbidity
- Chandra, et al. 2010
 - higher emotional difficulties than national samples
 - greater deployment length and poor non-deployed parental function related to greater challenges
- Lester, et al. 2010
 - parent distress and cumulative length of deployment predicted depression and behavioral symptoms
 - children evidenced elevated anxiety in deployment and recently returned parent groups
- Reed, et al. 2011
 - quality of life, depression, suicidal thoughts





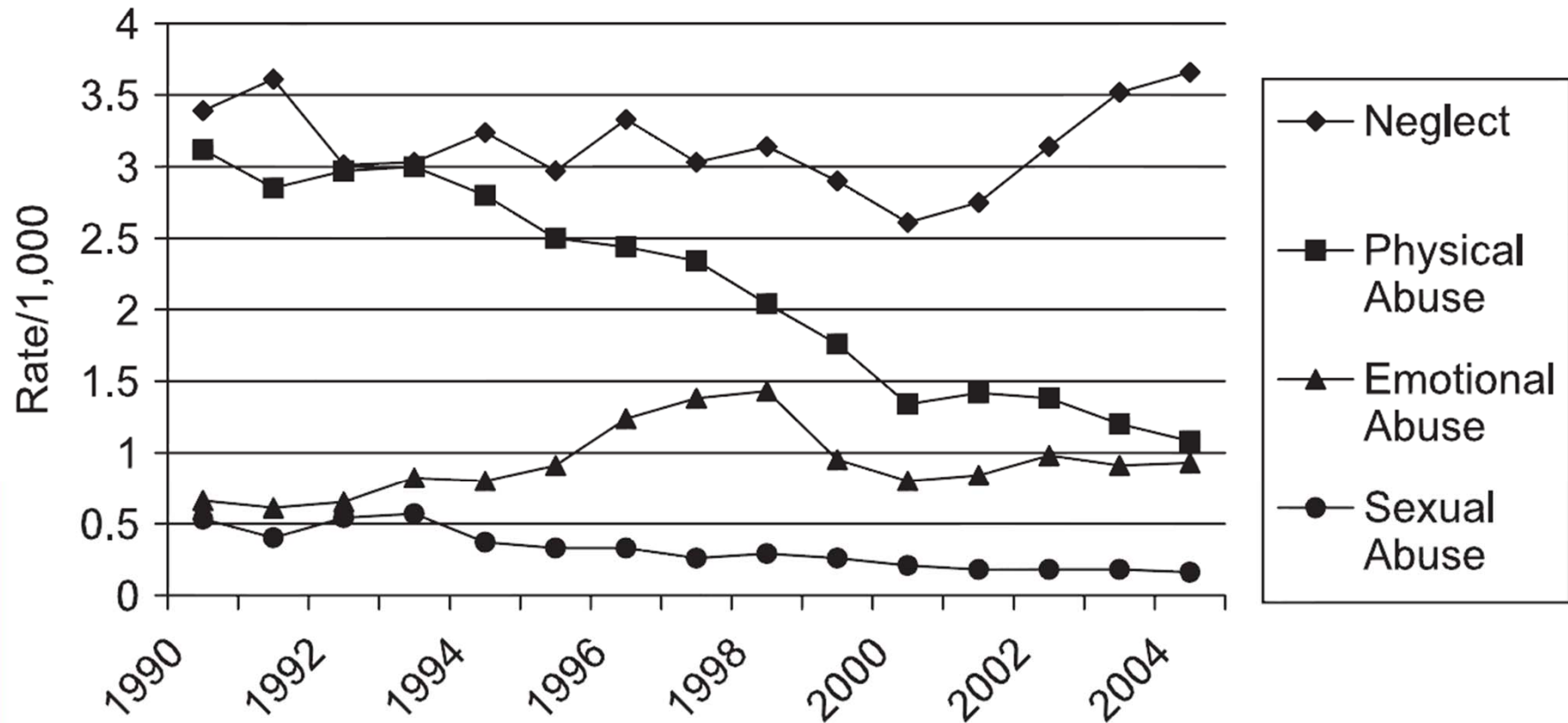
Child Maltreatment and Deployment

- **Rentz ED, Marshall SW, Loomis D, et al.,** Am J Epidem 2007
 - Time series analysis of Texas child maltreatment data in military and nonmilitary families from 2000-2003
- **Gibbs DA, Martin SL, Kupper LL, et al.,** J Amer Med Assoc 2007
 - Descriptive case series of 1771 Army families with substantiated child maltreatment
- **McCarroll JE, Fan Z, Newby JH, et al.,** Child Abuse Rev 2008
 - Tabulation of Army Central Registry 1990 – 2004
 - Elevated rates of child maltreatment during combat deployment periods
 - Greatest rise in maltreatment appears to be attributed to child neglect
 - Rates of child neglect appear highest in junior enlisted population





Rates of Army Child Maltreatment



(McCarroll et al., 2008)





Unique Challenges in Theatre



Impact of Combat Exposure on Service Members

- high level of traumatic combat exposures (witnessing injury or death, exposure to dead bodies, hand-to-hand combat, blast injuries) Hoge et al. 2004
- resultant psychiatric sequelae and other morbidity (depression, PTSD, substance use disorders, cognitive disorders, physical injury, TBI) Hoge et al, 2004; Grieger et al, 2006, Milliken et al, 2007; Tanielian & Jaycox, 2008





Effects of PTSD on Families

- Vietnam veteran families with PTSD severe problems in marital and family adjustment, (Jordan et al .1992, MacDonald et al. 1999)
- Relationship/intimacy problems (Riggs et al. 1998)
- Mediated by emotional numbing, avoidance, and anger





Overview of Combat Injury

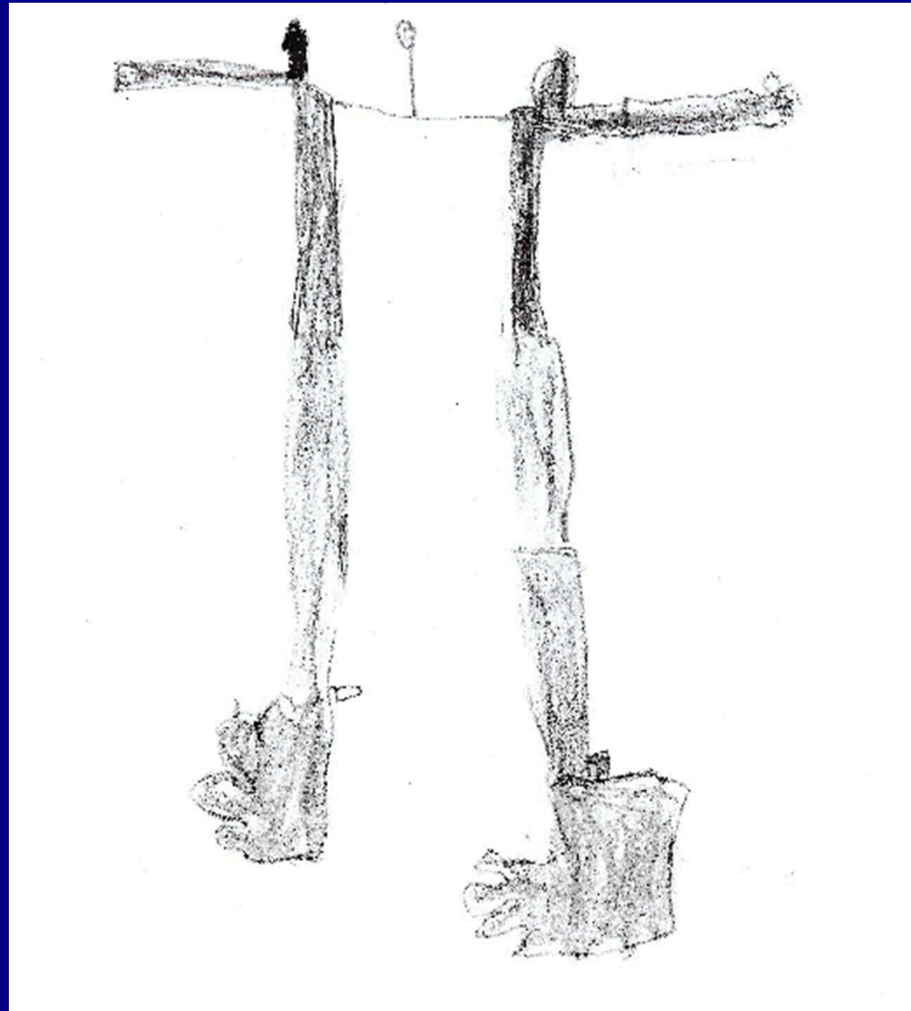
- Over 38,000 service members have been injured in Iraq and Afghanistan
- Over 30,000 children have been affected by combat injury
- Range of combat injured family experience varies (time, type/severity of injury, family composition, developmental ages, preexisting challenges)
- Effects on families likely to be variable, complex and changing over time





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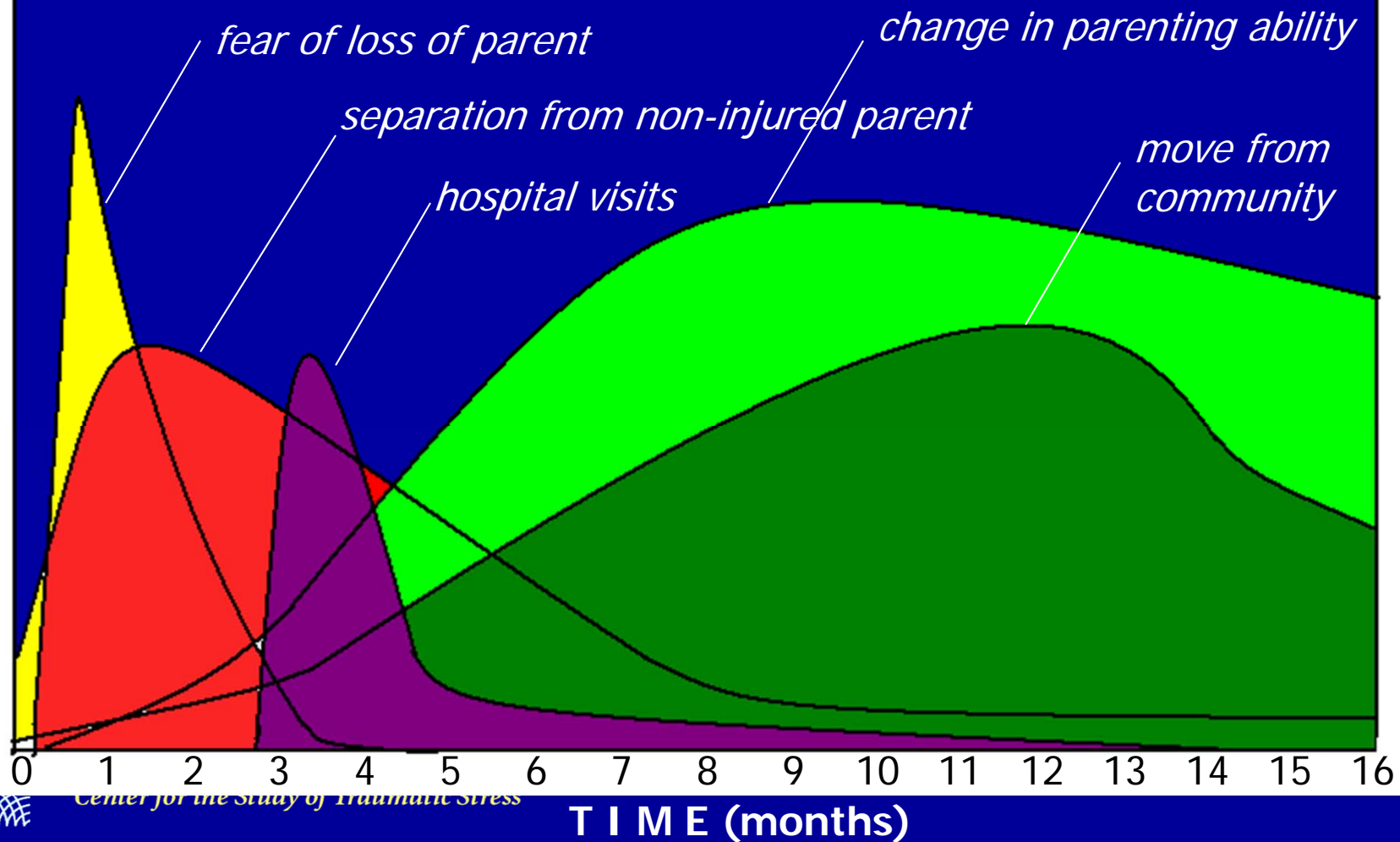
Impact of Parental Injury on Children



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Injury Recovery Trajectory

Not an event, but a process





Impact of the Injury on the Parenting Process

- Need for mourning related to body change and/or functional loss
- Self concept of “idealized parent image” is challenged
- Must develop an integrated sense of “new self”
- Parental attention must be drawn to child’s developmental needs
- Explore new mutually directed activities and play (transitional space) that allows parent and child to “try on” new ways of relating





Invisible Injuries – PTSD/TBI

- Unique challenges to children
 - Lack of understanding – no observable answers
 - Cognitive distortions (e.g. ego centric explanations)
 - Parental irritability and reactivity
 - Change in parental personality/avoidance/withdrawal
- Importance of effective injury communication
 - Reality based understanding of the injury/consequences
- Address family distress
- Support sense of family success
- Safety planning





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Courage to Care Courage to Talk



About War Injuries

- Are you talking about the injury?
- What have you told your children?
- Do you know what questions to ask healthcare providers?

Visit CourageToTalk.org for information, resources and support.



The Center for the Study of Traumatic Stress (CSTS) (CSTStoolbox.org) is part of the Uniformed Services University's Department of Psychiatry located in Bethesda, Maryland, and a part of the Defense Center of Excellence (DCAI) for Psychological Health and Traumatic Brain Injury.

www.couragetotalk.org



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Combat-Injured Service Members and Their Families: The Relationship of Child Distress and Spouse-Perceived Family Distress and Disruption

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Method and Sample

- Clinical record review
- Cases: 41 families of combat injured soldiers seen at WRAMC (n = 29) or BAMC (n = 12)
- Measure: PGA–CI (Cozza, Chun, & Miller, in press)
 - semi-structured clinical interview conducted with spouses 1-12 weeks post-injury
- Demographics:
 - All service members were male, young parent age
 - Number of children M = 2.1, SD = 0.9
 - 75% of families had at least one child under the age of 3 years.
- Military Status: almost entirely active duty injured in Iraq





Results

- Families with **high pre-injury deployment-related family distress** were **8.11 times** more likely to report high child distress post-injury.
- After controlling for pre-injury deployment-related family distress, families with **high family disruption post-injury** were **21.25 times** more likely to report high child distress.
- Injury severity was not significantly related to child distress.





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Study of Combat Injured Families

National Military Family Association Operation Purple Camp

- ◆ **Qualitative (focus group) and quantitative (parent and child self-report measures)**
- ◆ **32 families attending NMFA Operation Purple Healing Adventures Camps**
- ◆ **Most families more than one year out from injury**
- ◆ **PTSD and TBI highly represented**
- ◆ **Ongoing family distress and relationship problems**



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NMFA Family Themes

- ◆ **High emotional reactivity and distress** - “Everything has to be perfect...he is the sergeant, do everything in order, my way or no way.”
- ◆ **Injury based challenges to individual and family functioning/interpersonal relationships** - “my wife feels like she has no friends; all her time is taken up with taking care of me”
- ◆ **Emphasis on quality service delivery and care** - “Every American soldier should be taken care of...we need to take care of our soldiers.”
- ◆ **Need for family centered care** - “What we need is for someone to talk to us as a family. Talk to kids one on one.”





NMFA Family Themes

- ◆ **Need for developmental input-** “Help us understand the impact of injury on children in terms of their age and level of development.”
- ◆ **Need for assistance with injury communication -** “I tried to explain but it’s really hard...don’t know how to put in simple words...how do you explain TBI to a kid?”
- ◆ **Psychoeducation about the family recovery trajectory -** “What we need is help in understanding what happens from acute hospitalization to the development of a new family identity.”
- ◆ **Recognizing/reminding of family strengths -** “When asked what keeps them positive, answers ranged from commitment to love as well as wanting to do the best for the children”





NMFA Family Data

(Cozza, Holmes, Schmidt et al. 2011)

- Young, educated combat injured families (n = 27), mean time since injury 4 years
- Half of sample TBI, majority PTSD
- Elevated distress in SMs > spouses
- Type and number of injuries/PCL score not assoc with child or family functioning
- Spouses positive parenting and SM's positive family problem solving assoc with child prosocial behaviors
- Some distinction in SM/spouse parenting on child function





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Combat Injury Assessment and FOCUS-CI

Congressionally Directed Medical Research Funded Studies

Multisite including WRNMMC, BAMC, VA Site

Collaborators at UCLA, Harvard University, University of Washington

Longitudinal Design

FOCUS-CI Seven Core Components

Family focused care management (e.g. ensuring
instrumental support/attention to complications)

Emotion regulation skill training

Psychoeducation

Injury Communication

Problem Solving

Goal Setting

Integration of new competent family identity



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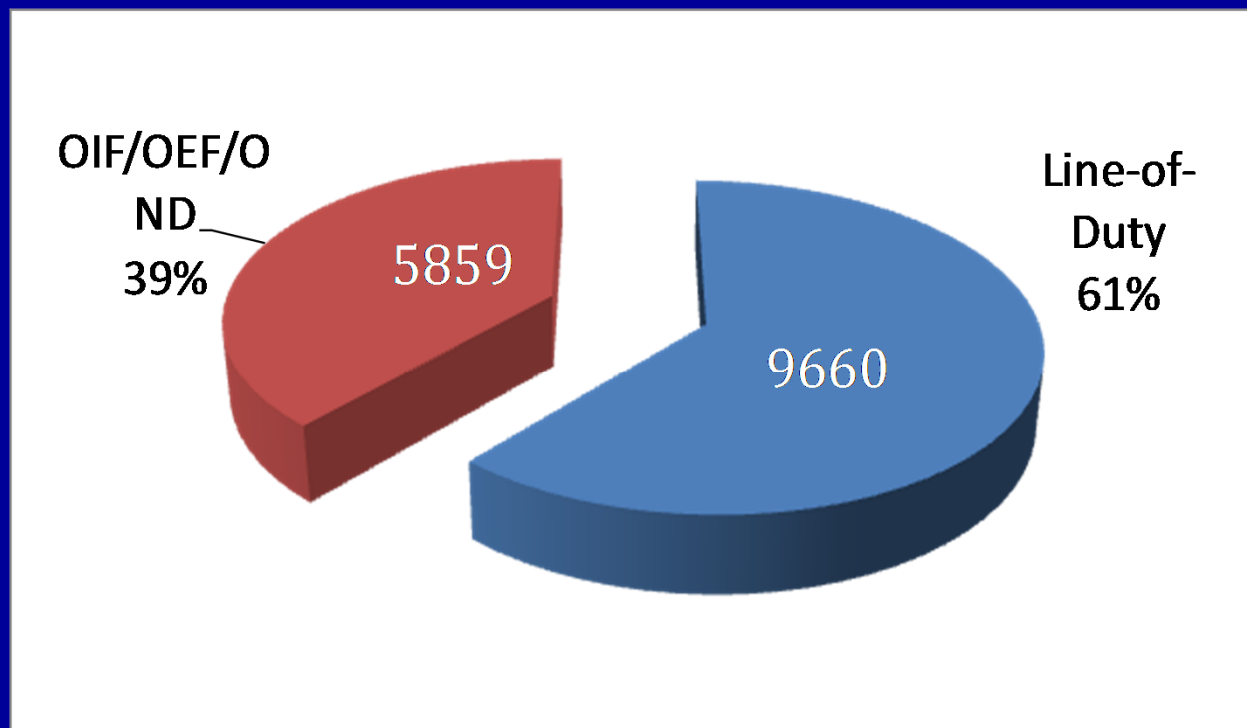
Combat Death



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DoD Casualties All Service Branches

US Active Duty Deaths 2001-2010: 15,519



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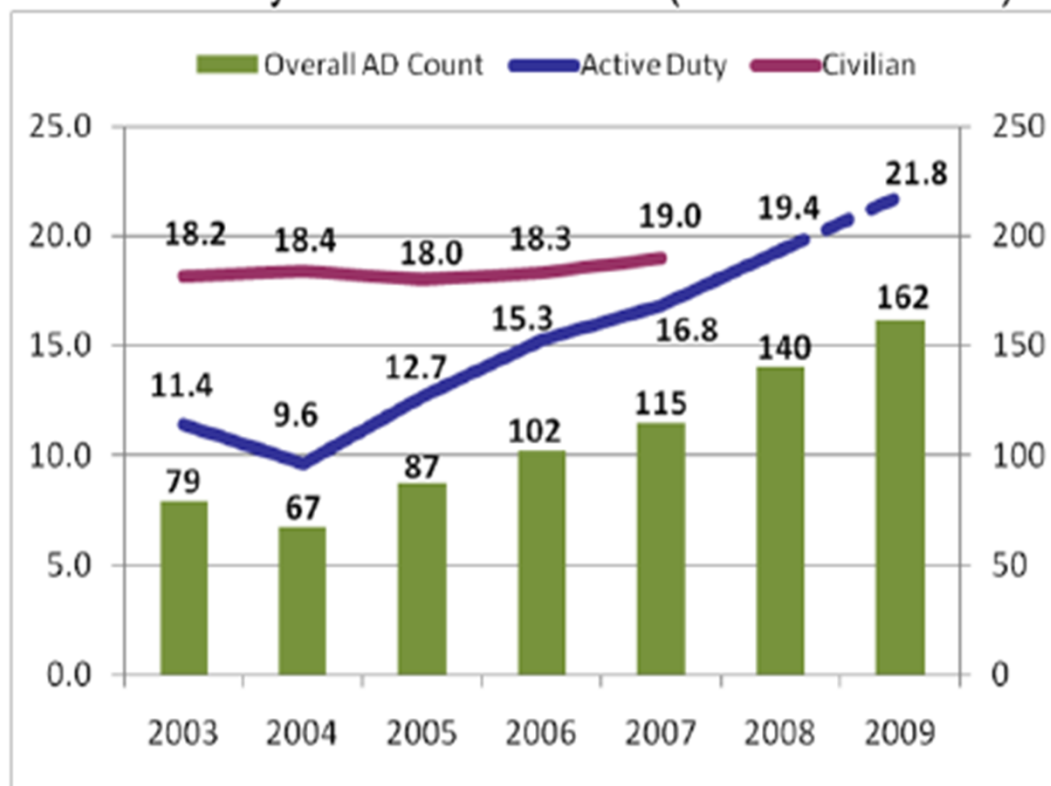
Circumstances of DoD Active Duty Death 2001-2010

Accident	34%
Combat/Hostile Action	29%
Illness	15%
Self-Inflicted Injury	13%
Homicide	3%
Undetermined	1%
Pending	1%
Terrorist Attack	.003%





Active Duty Suicide Deaths (CY 2003-2009)



- Preliminary civilian rate NOT CDC Official
- Initial Armed Forces Medical Examiner rate NOT DoD Official
- ASPTF Estimated Rate NOT Army Official

Figure 72 – Active Duty Suicide Deaths (CY 2003-2009)





Combat Death Bereavement

- Impact of sudden, violent traumatic death (Kaltman & Bonanno 2001)
- No empirical studies of the impact of combat death on U.S. military families
 - - parental bereavement (Rubin 1990, 1992)
 - - child bereavement (Kaffman and Elizur 1983; Bachar et al. 1997)
- Young SM deaths— families of origin/families of procreation (sibling death)





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Unique Characteristics of Military Combat Death

- Sudden, violent, but not entirely unanticipated
- Notification and information sharing
- Condition and transfer of bodily remains
- Rites and rituals
- Military combat deaths are public events
- Military community support
- Meaning making
- Family cohesion and conflict



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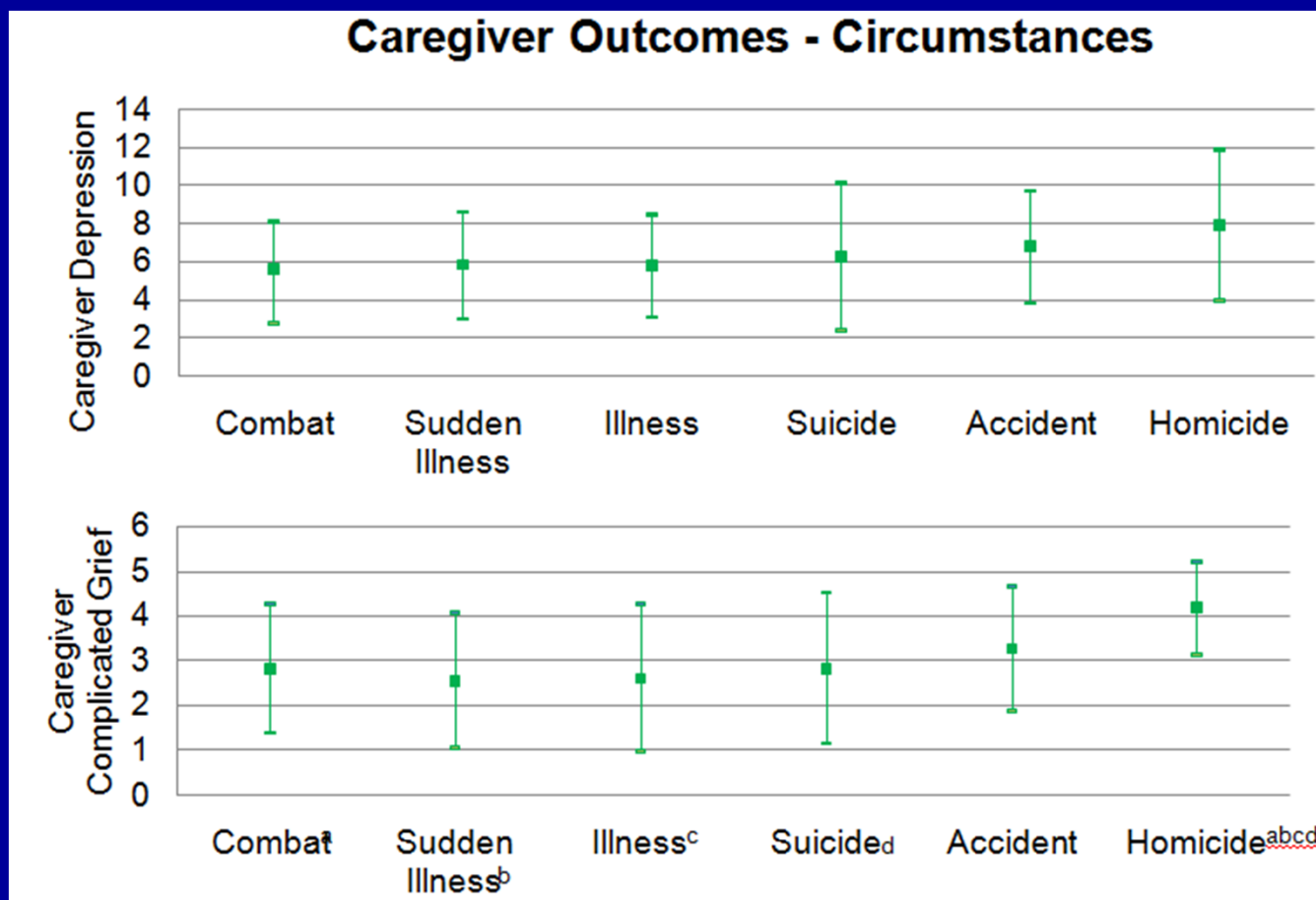
Military and Civilian Bereavement (Cozza, Ortiz, Fullerton et al. 2011)

	Military (n = 86)		Civilian (n = 99)		Overall (n = 185)	
	Child	Caregiver	Child	Caregiver	Child	Caregiver
Age						
Mean	7.95	35.69	8.3	41.19	8.17	38.65
(SD)	(4.00)	(7.16)	(4.06)	(8.69)	(4.03)	(8.46)
Gender						
Male	40	1	45	12	85	13
Female	45	80	52	85	97	165
Race						
White	62	61	88	92	156	156
African Am	6	7	3	2	10	9
Am Indian	3	1	5	0	4	3
Asian	2	1	0	0	2	1
Pacific Isl	1	1	0	0	1	1
Biracial	9	3	5	2	7	5



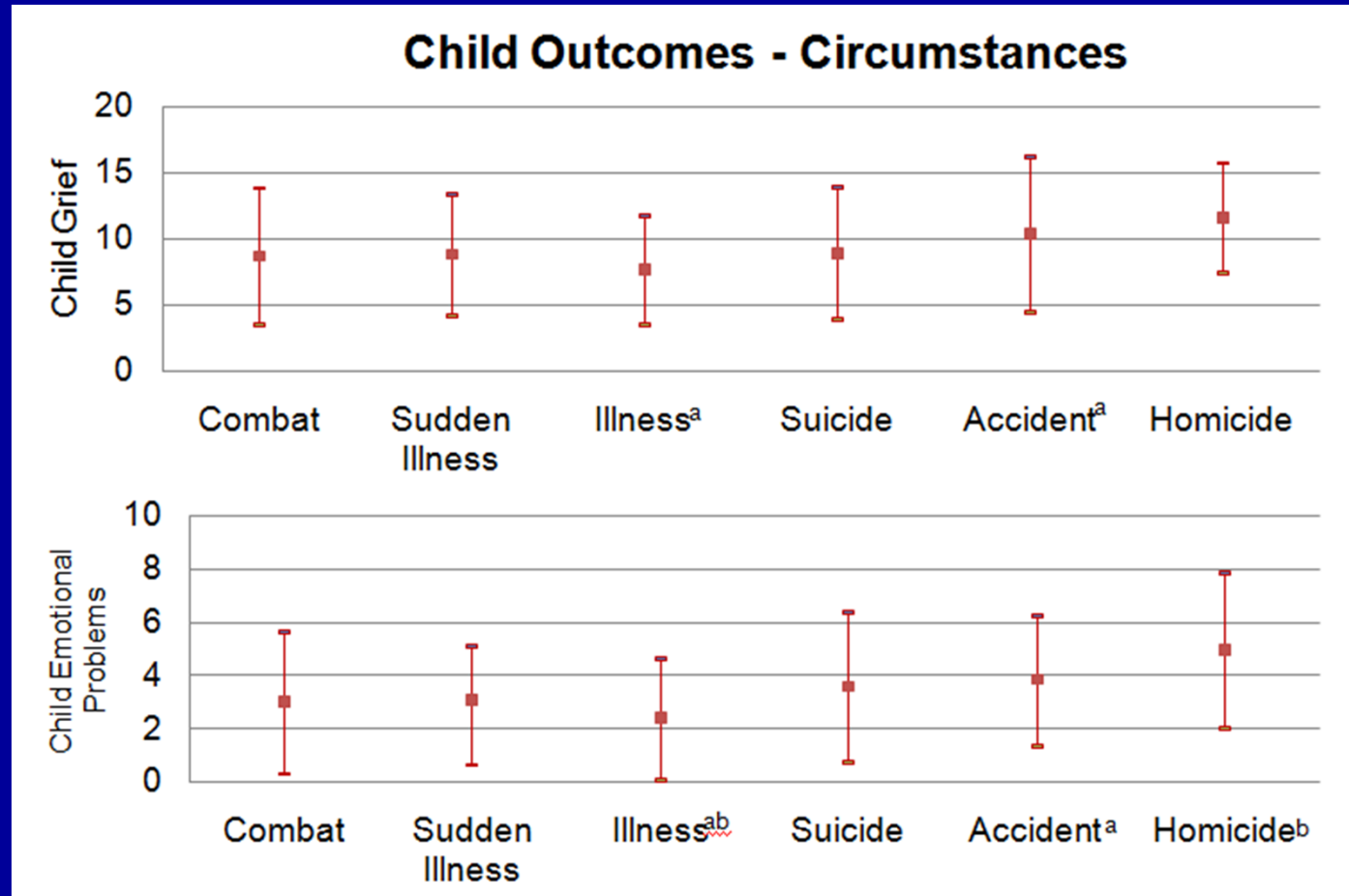


Caregiver Outcomes by Circumstance of Death





Child Outcomes by Circumstances of Death





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National Military Family Bereavement Study



www.militarysurvivorstudy.org



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